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05/18/2011 24267 7590 CESARI AND MCKENNA, LLP 88 BLACK FALCON AVENUE BOSTON, MA 02210

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Stephany DeBlois	(Depositor's name)
/Stephany DeBlois/	(Signature)
August 18,22011	(Date)

			August 10,22011				
APPLICATION NO. FILING		FIRST NAMED INVENTOR		AT	TORNEY DOCKET NO.	CONFIRMATION NO.	
10/772,822	02/05/2004		Vijayan Rajan		112056-0159	5952	
ITLE OF INVENTION	I: SYSTEM AND METH	OD FOR LUN CLONIN	łG				
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FE	E TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0	\$1810	08/18/2011	
EXAMINER		ART UNIT	CLASS-SUBCLASS				
SAVLA,	ARPAN P	2185	711-112000				
Change of correspondence address or indication of "Fee Address" (37 FR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
PLEASE NOTE: Un recordation as set for (A) NAME OF ASSI	less an assignee is ident th in 37 CFR 3.11. Com	ified below, no assignee pletion of this form is NC	THE PATENT (print or type data will appear on the people of a substitute for filing an (B) RESIDENCE: (CITY	atent. If an assignee is assignment.	identified below, the d	ocument has been filed f	
NetApp, Inc.		Sunnyvale, CA					
ease check the appropr	riate assignee category or	categories (will not be p	rinted on the patent):	Individual 🛭 Corpo	ration or other private gro	oup entity Governmen	
Ha. The following fee(s) are submitted:  State   State			<ul> <li>4b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)</li> <li>A check is enclosed.</li> <li>Payment by credit card. Form PTO-2038 is attached.</li> <li>The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 03-1237 (enclose an extra copy of this form).</li> </ul>				
a. Applicant claim	ntus (from status indicate	us. See 37 CFR 1.27.	b. Applicant is no long				
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